



2085 Islington Avenue, suite 1705  
Etobicoke, Ontario M9P 3R1 Canada  
Email: Info@airsidelimo.com  
www.airsidelimo.com  
Phone: 416-744-2727, 905-844-5858  
1-866-744-2727  
Fax: 416-743-0564

**CORPORATE ACCOUNT APPLICATION**

To assist us in the prompt processing of your application, please complete all of the items listed below.

Name of Account: \_\_\_\_\_ Phone : \_\_\_\_\_

Address: \_\_\_\_\_ Fax: \_\_\_\_\_

\_\_\_\_\_

Invoices Attn of: \_\_\_\_\_ Title: \_\_\_\_\_

Principal's Name: \_\_\_\_\_ Title: \_\_\_\_\_

Where did you hear about Air Side Limo?

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**Credit History**

Type of Business: \_\_\_\_\_ Date Incorporated: \_\_\_\_\_

Principal Bank: \_\_\_\_\_ Account #: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Fax: \_\_\_\_\_

**Trade References**

Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Contact: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Contact: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Contact: \_\_\_\_\_

\*\*\*\*\*PLEASE NOTE OUR PAYMENT TERMS ARE DUE ON RECEIPT\*\*\*\*\*

6% GST and 15% gratuity will be added.

**Please complete the following page as well. Thank you!**



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**CORPORATE ACCOUNT APPLICATION (Part II)**

Names of Persons Authorized to Book Cars

Name: \_\_\_\_\_ Name: \_\_\_\_\_

Name: \_\_\_\_\_ Name: \_\_\_\_\_

Name: \_\_\_\_\_ Name: \_\_\_\_\_

**Please attach an additional list if required.**

Names and Address of Frequent Users

Name: \_\_\_\_\_ Drop-off Address: \_\_\_\_\_

Pick-up Address:  
\_\_\_\_\_  
\_\_\_\_\_

Home Phone: \_\_\_\_\_ Business Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Drop-off Address: \_\_\_\_\_

Pick-up Address:  
\_\_\_\_\_  
\_\_\_\_\_

Home Phone: \_\_\_\_\_ Business Phone: \_\_\_\_\_

**Please attach an additional list if required.**

Name of Signing Officer: \_\_\_\_\_ Title: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_